

## Nutrition and WIC Services Management Evaluation Tool

### Inactive Client Record Review

Agency / Clinic: \_\_\_\_\_ Date of Review: \_\_\_\_\_  
 Reviewer(s): \_\_\_\_\_

Client Name & ID #	Category	Eligibility End Date	Termination Date	Written Notification Provided	≥ 15 days prior to Eligibility End Date	Reason Appropriate
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						